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 IN THE UNITED STATES BANKRUPTCY COURT  
 FOR THE WESTERN DISTRICT OF PENNSYLVANIA (ERIE)

In Re:	:	Bankruptcy No. 20-10076-TPA
MICHAEL PATRICK WEBER, II AND	:	
NICOLE JEAN WEBER	:	
a/k/a NICOLE JEAN FENNO	:	
Debtors	:	
	:	Chapter 7
	:	
MICHAEL PATRICK WEBER, II AND	:	
NICOLE JEAN WEBER	:	
a/k/a NICOLE JEAN FENNO	:	
Movants	:	
	:	Related to Document No.16
v.	:	
	:	
Respondent	:	
NONE	:	

### AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

\_\_\_\_\_ Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

\_\_\_\_\_ Summary of Schedules

\_\_\_\_\_ Schedule A - Real Property

\_\_\_\_\_ Schedule B - Personal Property

\_\_\_\_\_ Schedule C - Property Claimed as Exempt

\_\_\_\_\_ Schedule D - Creditors holding Secured Claims

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

  X   Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

\_\_\_\_\_ Creditor(s) added

  X   NO creditor(s) added

**Post-petition debts from pre-existing creditors**

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule G - Executory Contracts and Unexpired Leases

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Statement of Financial Affairs

Chapter 7 Individual Debtor's Statement of Intention

Chapter 11 List of Equity Security Holders

Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

Disclosure of Compensation of Attorney for Debtor

Other: \_\_\_\_\_

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date: 11/13/2020 /s/Mark G. Claypool  
Attorney for Debtor(s) [or *pro se* Debtor(s)]

Mark G. Claypool  
(Typed Name)

120 West 10<sup>th</sup> Street  
(Address)

(814) 459-2800  
(Phone No.)

PA I.D. #63199  
List Bar I.D. and State of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Debtor 1 **Michael Patrick Weber, II**  
Debtor 2 **Nicole Jean Weber**

Case number (if known) **20-10076**

4.5	<b>Allegheny Health Network</b> Nonpriority Creditor's Name <b>PO Box 645266</b> <b>Pittsburgh, PA 15264-5266</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4023</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>	<b>\$275.00</b>
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4.6	<b>American Express</b> Nonpriority Creditor's Name <b>PO Box 1270</b> <b>Newark, NJ 07101</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1005</b> When was the debt incurred? <b>2012</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b>	<b>\$4,605.00</b>
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4.7	<b>American Express</b> Nonpriority Creditor's Name <b>PO Box 981537</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>Closed</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$0.00</b>
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Debtor 1 **Michael Patrick Weber, II**  
Debtor 2 **Nicole Jean Weber**

Case number (if known) **20-10076**

4.1  
1

**Associated Clinical Laboratories**

Nonpriority Creditor's Name

**1526 Peach Street  
Erie, PA 16501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3092**

**\$42.00**

When was the debt incurred? **42.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical expense**

4.1  
2

**Associated Clinical Laboratories**

Nonpriority Creditor's Name

**PO Box 740631  
Cincinnati, OH 45274-0631**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0062**

**\$79.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical expense**

4.1  
3

**Associated Clinical Laboratories**

Nonpriority Creditor's Name

**PO Box 640631  
Cincinnati, OH 45274-0631**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2332**

**\$536.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical expense**

Debtor 1 **Michael Patrick Weber, II**  
Debtor 2 **Nicole Jean Weber**

Case number (if known) **20-10076**

4.8  
0

**UPMC**

Nonpriority Creditor's Name

**PO Box 371472**

**Pittsburgh, PA 15250-7980**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$10.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical expense**

4.8  
1

**UPMC**

Nonpriority Creditor's Name

**PO Box 371472**

**Pittsburgh, PA 15250-7472**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1713**

**\$467.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical expense**

4.8  
2

**UPMC**

Nonpriority Creditor's Name

**PO Box 371472**

**Pittsburgh, PA 15250-7472**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4029**

**\$384.22**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bill**

Debtor 1 **Michael Patrick Weber, II**  
Debtor 2 **Nicole Jean Weber**

Case number (if known) **20-10076**

**claims  
from Part 1**

- 6b. Taxes and certain other debts you owe the government  
6c. Claims for death or personal injury while you were intoxicated  
6d. Other. Add all other priority unsecured claims. Write that amount here.

6b. \$ **1,475.25**  
6c. \$ **0.00**  
6d. \$ **0.00**

- 6e. Total Priority. Add lines 6a through 6d.

6e. \$ **1,475.25**

- 6f. Student loans

**Total Claim**  
6f. \$ **91,629.30**

**Total  
claims  
from Part 2**

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
6h. Debts to pension or profit-sharing plans, and other similar debts  
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**  
6h. \$ **0.00**  
6i. \$ **123,195.30**

- 6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **214,824.60**